## PART B - FEE(S) TRANSMITTAL

Complete and send the	his form, together wit	h applicable f	Mail Stop ISSUE FEE Commissioner for Patents				
				P.O. Box 1450 Alexandria, Virginia 22313-1450			
			or <u>Fax</u>	(703) 746-4000			
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected to maintenance fee notification	m should be used for tran respondence including the l below or directed otherwise is.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBL rders and notification a) specifying a new	ICATION FEE (if req n of maintenance fees correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for	
20995 75	E ADDRESS (Note: Use Block 1 for 190 01/27/2005 TENS OLSON & BE		OFE	`.	of mailing can only be used f his certificate cannot be used nal paper, such as an assignment te of mailing or transmission.		
2040 MAIN STREI FOURTEENTH FL D2/24/2005 SSITHIB2 0000	ET LOOR	ARLLE	EB 2 3 2005 }	I hereby certify that States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Transthis Fee(s) Transmittal is bein with sufficient postage for final Stop ISSUE FEE address PTO (703) 746-4000, on the	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
05/54/5003 221,1HTRS AAA/		<b>A</b>	& TRADEMERY C		Ckamoto	(Depositor's name)	
02 FC:1504	FC:1501 1400.00 OP 300.00 OP				Ramok	(Signature)	
03 FC:8001	9.00 OP			Feb. 17,	2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/760,127	01/16/2004	Romney F		tti	MICRON.219C1	7204	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$140	0	\$300	\$1700	04/27/2005	
EXAMINER		ART UN	IIT (	CLASS-SUBCLASS	٦		
NGUYEN, THINH T		2818		257-295000	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT (prin	or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear on T a substitute for file	the patent. If an assigng an assignment.	nee is identified below, the o	locument has been filed for	
(A) NAME OF ASSIGNE	E <b>E</b>	(E	B) RESIDENCE: (C	TY and STATE OR CO	DUNTRY)		
MICRON TEC	CHNOLOGY, INC		Boise, ID				
Please check the appropriate		<u></u>			Corporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  Issue Fee  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.							
Publication Fee (No si	mall entity discount permitte	d)		Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	<u></u>	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).					
5. Change in Entity Status	(from status indicated above				ALL ENTITY status. See 37 C		
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	is requested to apply the Issuablication Fee (if required) vords of the United States Pate	e Fee and Publica vill not be accepte nt and Trademark	tion Fee (if any) or of the from anyone other Office.	o re-apply any previou than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature Michael Chamoto				Date_Fe	.b.17,2005		
Typed or printed name Michael S. Okamoto				Registratio	n No. 47,83	31	
an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT 1450.	122 and 37 CFR O. Time will vary ould be sent to the SEND FEES OR	1.14. This collection depending upon the Chief Information COMPLETED FOR	n is estimated to take 12 e individual case. Any of Officer, U.S. Patent an MS TO THIS ADDRES	the public which is to file (and the minutes to complete, includic comments on the amount of the drademark Office, U.S. Dep SS. SEND TO: Commissioner the displays a valid OMB control of the control of	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	



Case Docket No. MICRON.219C1

Date: February 17, 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Katti, et al.

Appl. No.

10/760,127

Filed

January 16, 2004

For

**ANTIFERROMAGNETICALLY** 

STABILIZED PSEUDO SPIN

VALVE FOR MEMORY

**APPLICATIONS** 

Group Art Unit :

2818

Confirmation No.:

7204

Examiner

Thinh T. Nguyen

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February 17, 2005

Michael S. Okamoto, Reg. No. 47,831

## TRANSMITTAL LETTER

MAIL STOP ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85 (in duplicate).
- A check in the amount of \$1,709 to cover the issue fee, publication fee, and advanced order of (X) three (3) copies is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or (X) credit any overpayment, to Account No. 11-1410.
- Return prepaid postcard. (X)

Michael S. Okamoto Registration No. 47,831 Attorney of Record Customer No. 20,995 (310) 551-3450

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